



## City of Flagstaff Recreation Services

1702 N Fourth Street, Flagstaff, AZ 86004  
Mailing: 211 W Aspen Ave, Flagstaff, AZ 86001

Phone: (928) 213-2300  
Fax: (928) 556-1226

# Use Permit Application

Event Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Date(s) & Hours of Use (include set-up & break down time):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Full Name of Person Responsible: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### PLEASE CHECK ALL THAT APPLY TO THIS EVENT

- ☐ This event will be open to the general public.
- ☐ I will distribute or sell food, alcohol, non-food items or services to the general public.
- ☐ This in an athletic tournament or event.
- ☐ I will have amplified entertainment beyond that of a boom-box or small stereo.
- ☐ This event will have set-up that includes a bounce house, carnival ride, tent or canopy.
- ☐ I will need to use the adjacent sports fields for games or activities.
- ☐ I will need exclusive use of the parking lot.
- ☐ I will be using a generator.
- ☐ I will have over 150 guests at this event.

Please give a brief description of your activities: \_\_\_\_\_

THE INFORMATION ABOVE WILL BE REVIEWED TO DETERMINE IF YOUR EVENT WILL REQUIRE A SPECIAL EVENT PERMIT. SHOULD THIS EVENT FALL INTO THE CATEGORY OF SPECIAL EVENT, A RECREATION STAFF MEMBER WILL CONTACT YOU WITHIN 72 HOURS AND PROVIDE INFORMATION ON ADDITIONAL APPLICATION STEPS AND/OR FEES.

*The Applicant agrees to defend, indemnify, and hold harmless the City of Flagstaff, its agents, representatives, officials, and employees, from and against any and all claims, damages, losses, and expenses (including but not limited to attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or alleged to have resulted from the acts, errors, mistakes, or omissions of the Applicant, its agents, employees, contractors, subcontractors, customers, invitees, guests or other persons doing business with the Applicant, in connection with the Event described in this Application, provided that such claims, damages, losses and expenses are attributable to bodily injury or to injury to or destruction of property.*

*I have read and understand all of the attached policies and will abide by all policies, rules, regulations, and conditions of use as written. I understand that the event permit is not transferable to any other individual or group.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

☐ Special Event ☐ Standard Rental